

L12000140902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

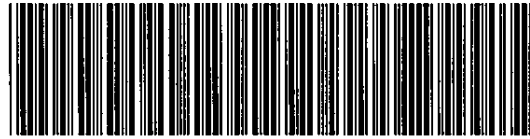
(Business Entity Name)

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2014 SEP 15 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guifgan SEP 18 2014

CONNER AND JACKSON, P.C.

ATTORNEYS AT LAW
1008 PLANT AVENUE
P.O. BOX 1278
WAYCROSS, GEORGIA 31502

NEAL L. CONNER, JR.
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JOHN G. KOPP
(1923 - 2001)

J. EDWIN PEAVY
(1920 - 2006)

September 11, 2014

Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

SUBJECT: GIBSONS HOME STORE OF LAKE CITY, LLC

Dear Sir or Madam:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neal L. Conner, Jr.
Conner and Jackson, P.C.
P O Box 1278
Waycross, GA 31502

nconner@accessatc.net

For further information concerning this matter, please call:
Neal L. Conner, Jr. at 912-283-4394.

Enclosed is a check for \$25 for the filing fee.

Yours truly,

CONNER AND JACKSON, P.C.



Neal L. Conner, Jr.

NLCjr/phd

Enclosure: As Stated

Cc: Rees Gibson

P:\Gibson Family Companies\2014\Gibsons Furniture Store of Lake City, LLC\Registration Division.doc

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2014 SEP 15 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GIBSONS HOME STORE OF LAKE CITY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/106/2012 and assigned Florida document number L12000140967.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GIBSONS FURNITURE STORE OF LAKE CITY, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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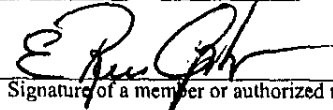
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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 11 2014



Signature of a member or authorized representative of a member

EDWARD R. GIBSON

Typed or printed name of signee

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Filing Fee: \$25.00

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2014 SEP 15 PM 12:04
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TALLAHASSEE, FLORIDA